



Bib Data Sheet


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 Washington, D.C. 20231

SERIAL NUMBER 09/509,433	FILING DATE 05/30/2000 RULE -	CLASS 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. P-3002.1
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APPLICANTS
 ROBIN WALTER MILLS, KEMPSFIEL, UNITED KINGDOM;
 KLAUS DIETER JANDT, CRANMOOR GREEN, UNITED KINGDOM;

**** CONTINUING DATA ******* *OL JTR*
 THIS APPLICATION IS A 371 OF PCT/GB98/02905 09/25/1998

**** FOREIGN APPLICATIONS ******* *OL JTR*
 UNITED KINGDOM 9720443.2 09/25/1997
 UNITED KINGDOM 9806046.0 03/20/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/12/2000** -

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS
 JOHN C EVANS
 REISING ETHINGTON BARNES
 KISSELLE LEARMAN & MCCULLOCH
 PO BOX 4390
 TROY, MI 48099-4390

TITLE *See new data sheet*
 OPTICAL IRRADIATION DEVICE-

FILING FEE RECEIVED 1306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 9540

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				INDEPENDENT CLAIMS 5
ADDRESS JOHN C EVANS REISING ETHINGTON BARNES KISSELLE LEARMAN & MCCULLOCH PO BOX 4390 TROY ,MI 48099-4390				
TITLE Optical irradiation device LED and optic fibres				
FILING FEE RECEIVED 1306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	